

## DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION

☒ Submitted after Initial Filing  
(Surcharge (37 CFR 1.16(e)) required)

Attorney Docket No.: 35340

Application Number: 10/623,920

First Named Inventor: Steven P. Reynolds et al.

Filing Date: July 21, 2003

### **As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

#### **ELEVATOR LANDING DOOR BROKEN CHAIN SAFETY DEVICE**

the specification of which was filed on July 21, 2003 as United States Application Number 10/623,920 and was amended on N/A (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

As a named inventor, I hereby appoint all practitioners at Customer No. 000116 as my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

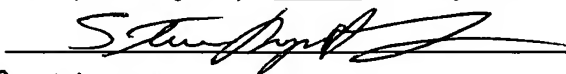
**Address all correspondence to Customer Number 000116.**

Please direct all correspondence and inquiries to Howard G. Shimola at (216) 579-1700.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by

fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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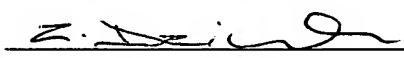
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